

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore 93d

CERTIFICATE OF DEATH

05305

Reg. Diat. No. 261

1. PLACE OF DEATH:

County SomersetCity or town Shell Town
(If outside city or town limits, write RURAL and give nearest town)How long in above place of death? 43
Hospital, institution, or street address where death occurred:

How long in hospital or institution?

2. USUAL RESIDENCE (HOME) OF DECEASED:

(For newborn infants give residence of mother)

State md County SomersetCity or town Shell Town
(If outside city or town limits, write RURAL and give nearest town)Street No. _____
(If rural, give LOCATION)

2. (a) If veteran, name war _____

3. (a) FULL NAME

Anna Mariah Adams

3. (b) Social Security Number

4. Sex Female 5. Color or race cal 6. (a) Single, married, widowed, or divorced widowed6. (b) Name of husband or wife Harrison Adams7. Birth date of deceased (mo., day, yr.) Sept 8 - 18818. AGE: Years 65 Months 9 Days 5 It less than one day _____ hrs. _____ min.9. Birthplace Rehobeth Somerset co Md
(Town, county, and state)10. Usual occupation Domestic

11. Industry or business

12. Name Charnel Douglass13. Birthplace Rehobeth Somerset co Md14. Maiden name Matilda Doerner

15. Birthplace _____

16. Informant Matthe FitchettAddress Shell Town Md17. Burial Date thereof June 16 - 1947
(Burial, cremation, or removal. Which?) (month) (day) (year)Cemetery or crematory EbenezerLocation Monmouth Md18. Funeral director Chas H WardAddress Marion Md19. June 16 47 Chas J Wilson
(Date rec'd by registrar) Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH June 13 1947, at 110 P M21. I CERTIFY that death occurred on the date above stated; that I attended deceased from June 1 1947 to June 13 1947and that I last saw her alive on June 10 1947Immediate cause of death Acute Dec 7 heartDue to acute Dec 7 heartDue to Chronic myocardialOther conditions Emphysema

(Include pregnancy within 3 months of death)

Major findings of operations _____

Antopsy results _____

PHYSICIAN: Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:

Accident, suicide, or homicide _____ Date of _____

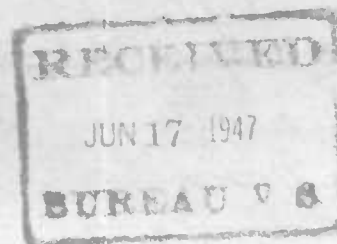
Where did injury occur? _____
(City or town) (County) (State)

Injured at home, farm, industry, public place (where?) _____

Means of injury _____ Injured at work?

23. SIGNATURE Euse G. Boulton M.D.Address Marion St. Mo Date signed June 14 47

M. D. or other _____



PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore 131w

CERTIFICATE OF DEATH

Reg. Diat. No. 261

05306

1. PLACE OF DEATH:

County Somerset
 City or town Shell Town
 (If outside city or town limits, write RURAL and give nearest town)
 How long in above place of death? 26 yrs
 Hospital, institution, or street address where death occurred:

How long in hospital or institution?.....

2. USUAL RESIDENCE (HOME) OF DECEASED:

(For newborn infants give residence of mother)

State Ind County Somerset
 City or town Shell Town
 (If outside city or town limits, write RURAL and give nearest town)
 Street No.
 (If rural, give LOCATION)

2.(a) If veteran, name war.....

3. (a) FULL NAME

Harmon W. Adams

3. (b) Social Security Number

4. Sex Male 5. Color or race Col 6.(a) Single, married, widowed, or divorced Married
 6.(b) Name of husband or wife Annie Adams
 6.(c) If alive, give age 28 years
 7. Birth date of deceased (mo., day, yr.) 1871-Dec 4
 8. AGE: Years 75 Months 6 Days It less than one day hrs. min.

9. Birthplace Shell Town Somerset Co Ind
(Town, county, and state)10. Usual occupation Farmers

11. Industry or business

MOTHER FATHER
 12. Name William Adams
 13. Birthplace Somerset Co Ind
 14. Maiden name Sarah Young
 15. Birthplace Accomac Co Va

16. Informant Matthe Fitchett
 Address Shell Town Ind

17. Burial Date thereof June 8, 1947
 (Burial, cremation, or removal. Which?) (month) (day) (year)
 Cemetery or crematory Ebenezer Cemetery
 Location Marysville Ind

18. Funeral director Chas H Ward
 Address Marysville Ind

19. June 8 47 Registrar
 (Date rec'd by registrar)

MEDICAL CERTIFICATION

2D. DATE OF DEATH June 8 19 47 at 6:30 P M

21. I CERTIFY that death occurred on the date above stated; that I attended deceased from Jan 1 19 45 to June 8 19 47
 and that I last saw him alive on June 8 19 47

Immediate cause of death

Cerebral occlusion

DURATION

5 monthsDue to Chronic Duodenal ulcerChronic myocardialDue to Chronic arterial disease

Other conditions

(Include pregnancy within 3 months of death)

Major findings of operations

Autopsy results

PHYSICIAN: Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:

Accident, suicide, or homicide. Date of

Where did injury occur? (City or town) (County) (State)

Injured at home, farm, industry, public place (where?)

Means of injury Injured at work?

23. SIGNATURE Dr. C. C. ... M. D. or otherAddress Marysville Ind Date signed June 6, 47

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JUN 11 1947
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PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore

CERTIFICATE OF DEATH

05307

Reg. Dist. No. 260

1. PLACE OF DEATH:

County Somerset
 City or town Princess Anne, Maryland
 (If outside city or town limits, write RURAL and give nearest town)

How long in above place of death?

Hospital, institution, or street address where death occurred:

How long in hospital or institution?

2. USUAL RESIDENCE (HOME) OF DECEASED:

(For newborn infants give residence of mother)

State Maryland County Somerset
 City or town Princess Anne
 (If outside city or town limits, write RURAL and give nearest town)

Street No.

(If rural, give LOCATION)

2.(a) If veteran, name war

3. (a) FULL NAME

Francis Mae Ballard

3. (b) Social Security Number

4. Sex

Female

5. Color or race

Colored

6. (a) Single, married, widowed, or divorced

Single

6. (b) Name of husband or wife

7. Birth date of deceased (mo., day, yr.) June 4, 1935
 6. (c) If alive, give age _____ years

8. AGE:

12 Years0 Months20 Days

It less than one day _____ hrs. _____ min.

9. Birthplace

Delaware Co. Chester, Pa.
(Town, county, and state)

10. Usual occupation

11. Industry or business

12. Name John S. Ballard
 13. Birthplace Somerset County, Md.

MOTHER
 14. Maiden name Violet M. King
 15. Birthplace Princess Anne, Md.

16. Informant

Violet M. King

Address

Princess Anne, Md.

17.

Burial

Date thereof

June 29, 1947
(month) (day) (year)

Cemetery or crematory

John Wesley

Location

Princess Anne, Md.

18. Funeral director

William H. James

Address

Princess Anne, Md.

19.

6/28/4747R. St. JohnsonReg.Reg.Reg.Reg.Reg.Reg.Reg.Reg.Reg.Reg.Reg.Reg.Reg.Reg.Reg.Reg.Reg.Reg.Reg.

MEDICAL CERTIFICATION

20. DATE OF DEATH June 28 1947 at 4:30 PM

21. I CERTIFY that death occurred on the date above stated; that I attended deceased from June 10 1947 to June 28 1947
 and that I last saw him alive on June 26 1947

Immediate cause of death

DURATION

Typhoid Fever
 Due to B. Typhosus

21 Days

Due to

Other conditions Broncho Pneumonia

6 Days

(Include pregnancy within 3 months of death)

Major findings of operations

Date of op.

Autopsy results

PHYSICIAN: Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:

Accident, suicide, or homicide

Date of

Where did injury occur?

(City or town)

(County)

(State)

Injured at home, farm, industry, public place (where?)

Means of injury

Injured at work?

23. SIGNATURE

Edwin G. Manton

M. D. or other

Address

Princess Anne, Md.Date signed 6-28-47

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MARGIN RESERVED FOR BINDING

VS A15 9-45-15M

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARYLAND STATE DEPARTMENT OF HEALTH 2411 N. Charles St., Baltimore 950 CERTIFICATE OF DEATH

05348
Reg. Dist. No. 266

1. PLACE OF DEATH:
County Somerset
City or town Mt. Vernon, Md.
(If outside city or town limits, write RURAL and give nearest town)
How long in above place of death?
Hospital, institution, or street address where death occurred:
How long in hospital or institution?

2. USUAL RESIDENCE (HOME) OF DECEASED:
(For newborn infants give residence of mother)
State New York County
City or town Portchester, N.Y.
(If outside city or town limits, write RURAL and give nearest town)
Street No.
(If rural, give LOCATION)
2.(a) If veteran, name war

3. (a) FULL NAME
Jessie M. Britton

3. (b) Social Security Number

4. Sex F 5. Color or race W 6.(a) Single, married, widowed, or divorced Widow

6.(b) Name of husband or wife

7. Birth date of deceased (mo., day, yr.) May 8, 1876

8. AGE: Years 71 Months 1 Days 5 It less than one day
.....hra.min.

9. Birthplace Portchester, N.Y.
(Town, county, and state)

10. Usual occupation Housewife

11. Industry or business

FATHER 12. Name John Merritt
13. Birthplace Portchester, N.Y.

MOTHER 14. Maiden name Emma Holley
15. Birthplace Portchester, N.Y.

16. Informant Charles S. Britton, Jr.
Address Prince Anne, Md. Post Office
Mt. Vernon, Md.

17. Burial (Burial, cremation, or removal. Which?) Burial Date thereof June 15, 1947
(month) (day) (year)

Cemetery or crematory Greenwood Cemetery

Location Rye, N.Y.

18. Funeral director Dale Washell

Address Princess Anne, Md.

19. (Date rec'd by registrar) 6/13/47 Registrar R. B. Johnson

MEDICAL CERTIFICATION

20. DATE OF DEATH June 13, 1947 at 3a M

21. I CERTIFY that death occurred on the date above stated; that I attended deceased from 19 to 19

and that I last saw him alive on 19

Immediate cause of death Chronic Heart Disease DURATION

Due to

Due to

Other conditions

(Include pregnancy within 3 months of death)

Major findings of operations

Autopsy results

PHYSICIAN: Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:
Accident, suicide, or homicide

Where did injury occur? (City or town) (County) (State)

Injured at home, farm, industry, public place (where?)
Means of injury Injured at work?

23. SIGNATURE Henry M. Leafford, M.D.

Address Princess Anne, Md. Date signed 6/13/47

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JUN 16 1947

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PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore 1702

CERTIFICATE OF DEATH

05309

Reg. Dist. No. 260

1. PLACE OF DEATH:

County Somerset
 City or town P.R.A. Princess Anne 2nd
 (If outside city or town limits, write RURAL and give nearest town)

How long in above place of death?

Hospital, institution, or street address where death occurred:

How long in hospital or institution?

2. USUAL RESIDENCE (HOME) OF DECEASED:

(For newborn infants give residence of mother)

State MD County Somerset
 City or town Princess Anne, R. 3 D
 (If outside city or town limits, write RURAL and give nearest town)

Street No. _____
 (If rural, give LOCATION)

2.(a) If veteran, name war _____

3.(a) FULL NAME

Marie Cannon

3. (b) Social Security Number

4. Sex Female 5. Color or race Col 6.(a) Single, married, widowed, or divorced Married

6.(b) Name of husband or wife Edward Cannon

7. Birth date of deceased (mo., day, yr.) Not known 6.(c) If alive, give age 34 years

8. AGE: Years 34(?) Months ✓ Days ✓ If less than one day _____ hrs. _____ min.

9. Birthplace Florida
(Town, county, and state)10. Usual occupation Housewife11. Industry or business Not known12. Name Not known13. Birthplace Not known14. Maiden name Not known15. Birthplace Not known16. Informant Edward Cannon

Address P.R.A. Princess Anne 2nd
 17. Burial (Burial, cremation, or removal) which? Burial Date thereof 6/11/47
 (month) (day) (year)

Cemetery or crematory St. James
 Location West Postoffice road

18. Funeral director William H. James Jr.
 Address Princess Anne, Md.

19. (Date rec'd by registrar) 6/10/47 47 R. J. Johnson, M.D. Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH June 8, 1947, at 9:30 P.M.

21. I CERTIFY that death occurred on the date above stated; that I attended deceased from _____ 19____ to _____ 19____
 and that I last saw him _____ alive on _____ 19____

Immediate cause of death Broken neck & fractured skull DURATION _____

Due to Auto accident

Due to _____

Other conditions _____
 (Include pregnancy within 3 months of death)

Major findings of operations _____ Date of op. _____

Autopsy results _____

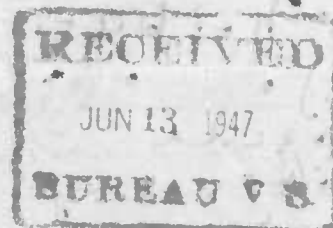
PHYSICIAN: Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following: Accident Date of 6/8/47
 Accident, suicide, or homicide _____
 Where did injury occur? P.R.A. Princess Anne 2nd (City or town) _____ (County) _____ (State) _____

Injured at home, farm, industry, public place (where?) Public place
 Nature of injury Auto Injured at work? No

23. SIGNATURE Henry M. Loughford, M.D. M. D. or other _____

Address Princess Anne, Md. Date signed 6/10/47



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MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore 170c

CERTIFICATE OF DEATH

05310

Reg. Dist. No. 260

1. PLACE OF DEATH:

County SomersetCity or town R.F.D. Princess Anne
(If outside city or town limits, write RURAL and give nearest town)

How long in above place of death?

Hospital, institution, or street address where death occurred:

How long in hospital or institution?

2. USUAL RESIDENCE (HOME) OF DECEASED:

(For newborn infants give residence of mother)

State MD County SomersetCity or town Princess Anne R.F.D.
(If outside city or town limits, write RURAL and give nearest town)Street No. _____
(If rural, give LOCATION)

2.(a) If veteran, name war _____

3.(a) FULL NAME

Lily Cotton

3.(b) Social Security Number

4. Sex Male 5. Color or race Col 6.(a) Single, married, widowed, or divorced Married6.(b) Name of husband or wife Maggie Cotton
6.(c) If alive, give age 45 years7. Birth date of deceased (mo., day, yr.) 1905 Aug 18. AGE: Years 41 Months 4 Days 2 If less than one day _____ hrs. _____ min.9. Birthplace Maryland
(Town, county, and state)10. Usual occupation Farmer11. Industry or business Farmer12. Name Lily Cotton13. Birthplace Maryland14. Maiden name Ardie Stevenson15. Birthplace Maryland16. Informant Maggie CottonAddress Princess Anne R.F.D.17. Burial Date thereof 6/11/47
(Burial, cremation, or removal. Which?) (month) (day) (year)Cemetery or crematory St. JamesLocation West Postoffice, Md.18. Funeral director William H. James Jr.Address Princess Anne, Md.19. 6/10 47 R. J. Johnson, Md.
(Date rec'd by registrar) (year) (month) (day) Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH June 8 1947, at 9:30 P M

21. I CERTIFY that death occurred on the date above stated; that I attended deceased from _____ 19____ to _____ 19____

and that I last saw him alive on _____ 19____

Immediate cause of death Broken neck & fractured spineDue to Accident

Due to _____

Other conditions _____

(Include pregnancy within 3 months of death)

Major findings of operations _____

Date of op. _____

Autopsy results _____

PHYSICIAN: Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:

Accident, suicide, or homicide Accident Date of 6/8/47Where did injury occur Princess Anne, Somerset, Md.
(City or town) (County) (State)Injured at home, farm, industry, public place (where?) Public PlaceMeans of injury Auto accident Injured at work? no23. SIGNATURE Henry M. Seafford, M.D.
M. D. or other _____Address Princess Anne, Md. Date signed 6/10/47

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JUN 13 1947
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PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore 166

CERTIFICATE OF DEATH

Reg. Diat. No. 05311 260

1. PLACE OF DEATH:

County SomersetCity or town Westover
(If outside city or town limits, write RURAL and give nearest town)How long in above place of death? 1 yr.

Hospital, institution, or street address where death occurred:

How long in hospital or institution?

2. USUAL RESIDENCE (HOME) OF DECEASED:

(For newborn infants give residence of mother)

State Md. County SomersetCity or town Westover
(If outside city or town limits, write RURAL and give nearest town)Street No. _____
(If rural, give LOCATION)

2.(a) If veteran, name war _____

3. (a) FULL NAME

Virginia Ethel Cattman

3. (b) Social Security Number

220-01-84164. Sex Fe. 5. Color or race Col. 6. (a) Single, married, widowed, or divorcedMarried6. (b) Name of husband or wife Clifton Cattman7. Birth date of deceased (mo., day, yr.) Feb. 1, 19206. (c) If alive, give age 33 years8. AGE: Years 27 Months _____ Days _____ If less than one day _____ hrs. _____ min.9. Birthplace Kingston, Somerset, Md.
(Town, county, and state)10. Usual occupation Seaford & Domestic

11. Industry or business

12. Name Martin Van Dyke13. Birthplace Oakville, Md.14. Maiden name Mary Magaline Hayman15. Birthplace Kingston, Md.16. Informant Everette WhittingtonAddress Marion Sta. Md. Rte. 1 Box 3217. Burial Date thereon June 4, 1947
(Burial, cremation, or removal. Which?) (month) (day) (year)Cemetery or crematory Water ChapelLocation Kingston, Md.18. Funeral director Charles H. StarkAddress Marion Sta. Md.19. 6/3/47 R. B. Johnson, M.D.
(Date rec'd by registrar) (month) (day) (year) Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH June 1 19 47, at 3 a M

21. I CERTIFY that death occurred on the date above stated; that I attended deceased from _____ to _____

and that I last saw him alive on _____

Immediate cause of death Heart & lungs

Due to _____

Due to _____

Other conditions _____

(Include pregnancy within 3 months of death)

Major findings of operations _____

Date of op. _____

Autopsy results no

PHYSICIAN: Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:

Accident, suicide, or homicide Home Date of 6/1/47Where did injury occur? New Windsor, Md.

(City or town) (County) (State)

Injured at home, farm, industry, public place (where?) At homeMeans of injury Shot wound Injured at work? no23. SIGNATURE Harry M. Seakford, M.D.Address Princeton Date signed 6/3/47

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JUN 4 1947
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PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore 159

CERTIFICATE OF DEATH

05312

Reg. Dist. No. 265

Infant 3 hours

1. PLACE OF DEATH:

County..... Somerset
 City or town..... Crisfield
 (If outside city or town limits, write RURAL and give nearest town)
 How long in above place of death? 3 hours
 Hospital, institution, or street address where death occurred:
 McCready Hospital
 How long in hospital or institution? 3 hours

2. USUAL RESIDENCE (HOME) OF DECEASED:

(For newborn infants give residence of mother)
 State..... Maryland County..... Somerset
 City or town..... Crisfield
 (If outside city or town limits, write RURAL and give nearest town)
 Street No.
 (If rural, give LOCATION)
 2.(a) If veteran, name war.....

3. (a) FULL NAME

UNNAMED

Infant Diggs (Infant "A" of twins)

3. (b) Social Security Number

None

4. Sex..... Male
 5. Color or race..... White
 6.(a) Single, married, widowed, or divorced..... Single
 6.(b) Name of husband or wife.....
 6.(c) If alive, give age..... years
 7. Birth date of deceased (mo., day, yr.) June 3, 1947
 8. AGE: Years..... Months..... Days..... If less than one day 3 hrs. min.

9. Birthplace..... Crisfield-Somerset-Md.
 (Town, county, and state)
 10. Usual occupation..... None
 11. Industry or business..... None
 12. Name..... George W. Diggs
 13. Birthplace..... Somerset Co., Md.
 14. Maiden name..... Rebecca Howard
 15. Birthplace..... Crisfield, Md.
 16. Informant..... George W. Diggs
 Address..... Crisfield, Md.
 17. (Burial, cremation, or removal, Which?) Date thereof June 3, 1947
 (month) (day) (year)
 Cemetery or crematory..... Crisfield, Md. Cemetery
 Location..... Chesapeake Ave.
 18. Funeral director..... H. Harvey Bradshaw
 Address..... Crisfield, Md.
 19. Date rec'd by registrar June 5 1947 Janice E. Spies Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH June 3 1947 at 47 M.
 21. I CERTIFY that death occurred on the date above stated; that I attended deceased from June 3 1947 to June 3 1947 and that I last saw him alive on June 3 1947
 Immediate cause of death.....
 DURATION.....

Premature Birth
 Due to.....
 Due to.....
 Other conditions.....
 (Include pregnancy within 3 months of death)

Major findings of operations..... Date of op.....
 Autopsy results.....
 PHYSICIAN: Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:
 Accident, suicide, or homicide..... Date of.....
 Where did injury occur?..... (City or town) (County) (State)
 Injured at home, farm, industry, public place (where?).....
 Means of injury..... Injured at work?.....
 23. SIGNATURE.....
 Address..... Date signed 6/3/47

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JUN 7 1947

BUREAU 3

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully—the correct age is especially important. Physicians: please write the causes of death clearly and legibly.

Infant 7½ hours

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore 159

CERTIFICATE OF DEATH

05313

Reg. Dist. No. 265

1. PLACE OF DEATH:

County..... Somerset
City or town..... Crisfield
(If outside city or town limits, write RURAL and give nearest town)
How long in above place of death? 7½ hours
Hospital, institution, or street address where death occurred:
McCready Hospital
How long in hospital or institution? 7½ hours

2. USUAL RESIDENCE (HOME) OF DECEASED:

(For newborn infants give residence of mother)

State..... Maryland County..... Somerset
City or town..... Crisfield
(If outside city or town limits, write RURAL and give nearest town)
Street No.
(If rural, give LOCATION)
2.(a) If veteran, name was

3. (a) FULL NAME

UNNAMED Infant Diggs (Infant "B" of twins)

3. (b) Social Security Number

None

4. Sex

Male

5. Color or race

White

6. (a) Single, married, widowed, or divorced

Single

6. (b) Name of husband or wife

////

6. (c) If alive, give age..... years

7. Birth date of deceased (mo., day, yr.)

June 3, 1947

8. AGE:

Years

Months

Days

If less than one day

//// // // // // 7½ hrs. min.

9. Birthplace

Crisfield-Somerset-Md.

(Town, county, and state)

10. Usual occupation

None

11. Industry or business

None

MOTHER FATHER

12. Name

George W. Diggs

13. Birthplace

Somerset Co., Md.

14. Maiden name

Rebecca Howard

15. Birthplace

Crisfield, Md.

16. Informant

George W. Diggs

Address

Crisfield, Md.

17.

(Burial, cremation, or removal. Which?)

Date thereof

June 3, 1947

(month) (day) (year)

Cemetary or crematory

Crisfield, Md. Cemetery

Location

Chesapeake Ave.

18. Funeral director

H. Harvey Bradshaw

Address

Crisfield, Md.

19.

(Date rec'd by registrar)

19 47

Janice Elkins
Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH..... June 3, 19 47, at 12 30 P. M.

21. I CERTIFY that death occurred on the date above stated; that I attended deceased from

June 3, 19 47, to June 3, 19 47, and that I last saw him alive on June 3, 19 47.

Immediate cause of death

DURATION

Premature Birth

Other conditions

(Include pregnancy within 3 months of death)

Major findings of operations

Date of op.

Autopsy results

PHYSICIAN: Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:

Accident, suicide, or homicide..... Date of

Where did injury occur? (City or town) (County) (State)

Injured at home, farm, industry, public place (where?)

Means of injury

Injured at work?

23. SIGNATURE

Address..... Date signed.....

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JUN 7 1947
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PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore 1312

CERTIFICATE OF DEATH

05314

Reg. Dist. No. 261

1. PLACE OF DEATH:

County..... Somerset
 City or town..... Marion
 (If outside city or town limits, write RURAL and give nearest town)
 How long in above place of death?..... Lifetime
 Hospital, institution, or street address where death occurred:
Rural
 How long in hospital or institution?..... ////

2. USUAL RESIDENCE (HOME) OF DECEASED:

(For newborn infants give residence of mother)

State..... Maryland County..... Somerset
 City or town..... Marion
 (If outside city or town limits, write RURAL and give nearest town)
 Street No. Rural
 (If rural, give LOCATION)
////
 2.(a) If veteran, name war..... ////

3. (a) FULL NAME

Sarah Adkins Dixon

3. (b) Social Security Number

None

4. Sex <u>Female</u>	5. Color or race <u>White</u>	6. (a) Single, married, widowed, or divorced <u>Widowed</u>
-------------------------	----------------------------------	----------------------------------------------------------------

6. (b) Name of husband or wife..... Alfred Dixon
Deceased 6. (c) If alive, give age..... years
 7. Birth date of deceased (mo., day, yr.)..... August 23, 1852

8. AGE:	Years	Months	Days	It less than one day
	<u>94</u>	<u>9</u>	<u>8</u> hrs. min.

9. Birthplace..... Somerset County, Md.
 (Town, county, and state)
 10. Usual occupation..... Housewife
 11. Industry or business..... Home

FATHER	12. Name.....	<u>Solomon Adkins</u>
	13. Birthplace.....	<u>Somerset Co., Md.</u>
MOTHER	14. Maiden name.....	<u>Hulda ?</u>
	15. Birthplace.....	<u>?</u>

16. Informant..... Miss Eva Tull
 Address..... Marion, Md.
 17. (Burial, cremation, or removal. Which?)..... Burial Date thereof..... June 3, 1947
 (month) (day) (year)
 Cemetery or crematory..... St. Pauls Cemetery
 Location..... Rural, Marion, Md.
 18. Funeral director..... H. Harvey Bradshaw
 Address..... Crisfield, Md.

19. 6/3 19 47 Love J. Nelson
 (Date rec'd by registrar) Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH..... June 1 19 47 at 8:55 A.M.
 21. I CERTIFY that death occurred on the date above stated; that I attended deceased from Jan 1 19 45 to June 1 19 47 and that I last saw her alive on June 1 19 47
 Immediate cause of death..... Heart Die of Heart disease
 Due to.....
 Due to..... Chronic Int. nephritis
Chronic nephritis
 Other conditions..... General atherosclerosis
 (Include pregnancy within 8 months of death)

Major findings of operations.....
 Date of op.....
 Autopsy results.....
 PHYSICIAN: Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:
 Accident, suicide, or homicide..... Date of.....
 Where did injury occur?..... (City or town) (County) (State)
 Injured at home, farm, industry, public place (where?).....
 Means of injury..... Injured at work?

23. SIGNATURE..... Surgeon C. Callahan M.D.
 M.D. or other
 Address..... Marion, Md. Date signature..... June 2, 47

RECEIVED
JUN 5 1947
BUREAU V S

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore

CERTIFICATE OF DEATH

05315

Reg. Dist. No.

265

1. PLACE OF DEATH:

County Somerset
 City or town Crisfield
 (If outside city or town limits, write RURAL and give nearest town)
 How long in above place of death? 28 years
 Hospital, institution, or street address where death occurred:
McCready Memorial Hospital
 How long in hospital or institution? 3 weeks

2. USUAL RESIDENCE (HOME) OF DECEASED:

(For newborn infants give residence of mother)

State Maryland County Somerset
 City or town Crisfield
 (If outside city or town limits, write RURAL and give nearest town)
 Street No. Myrtle Street
 (If rural, give LOCATION)
 2.(a) If veteran, name war

3. (a) FULL NAME

ALEX W. EVANS

3. (b) Social Security Number

None

4. Sex Male 5. Color or race White 6.(a) Single, married, widowed, or divorced Married
 6.(b) Name of husband or wife Ida Sue Hardester Evans
 7. Birth date of deceased (mo., day, yr.) April 30, 1866 6.(c) If alive, give age 76 years
 8. AGE: Years 81 Months 2 Days 0 If less than one day
 hrs. min.

9. Birthplace Smith Island-Somerset-Md.
 (Town, county, and state)

10. Usual occupation Retired waterman

11. Industry or business Sea food industry

12. Name Benjamin Evans

13. Birthplace Smith Island, Maryland

14. Maiden name Elizabeth Bradshaw

15. Birthplace Smith Island, Maryland

18. Informant Glenwood Evans

Address Crisfield, Maryland

17. Burial Date thereof July 3, 1947
 (Burial, cremation, or removal. Which?) (month) (day) (year)

Cemetery or crematory Sunny Ridge Cemetery

Location RURAL, Crisfield, Maryland

18. Funeral director H. Harvey Bradshaw

Address Crisfield, Maryland

19. July 7 1947 Janice E. Spina
 (Date filed by registrar) Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH June 30, 1947, 8:30 P.M.

21. I CERTIFY that death occurred on the date above stated; that I attended deceased from June 1, 1946 to June 30, 1947
 and that I last saw him alive on June 30, 1947

Immediate cause of death Myocardial Infarction DURATION 10 yrs

Due to Chronic Hypertension 2 Years

Due to Chronic Myocarditis

Other conditions Hypertrophy of Prostate 2 years

(Include pregnancy within 8 months of death)

Major findings of operations

Date of op.

Autopsy results

PHYSICIAN: Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:

Accident, suicide, or homicide Date of

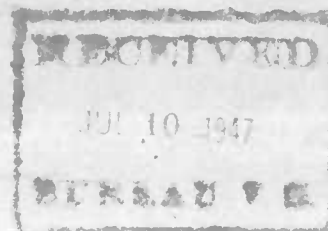
Where did injury occur? (City or town) (County) (State)

Injured at home, farm, industry, public place (where?)

Means of injury Injured at work?

23. SIGNATURE George E. Bradshaw M. D. or other

Address Myrtle Street Date signed July 2, 47



PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore

83d

05316

CERTIFICATE OF DEATH

Reg. Dist. No. 265

1. PLACE OF DEATH

County SomersetCity or town Crisfield
(If outside city or town limits, write RURAL and give nearest town)

How long in above place of death?

Hospital, institution, or street address where death occurred:

McCready Mem. Hosp

How long in hospital or institution?

2. USUAL RESIDENCE (HOME) OF DECEASED:
(For newborn infants give residence of mother)State Md. County SomersetCity or town Crisfield
(If outside city or town limits, write RURAL and give nearest town)Street No. _____
(If rural, give LOCATION)

2. (a) If veteran, name war _____

3. (a) FULL NAME

Johnson M. Evans

3. (b) Social Security Number

4. Sex

Male

5. Color or race

White

6. (a) Single, married, widowed, or divorced

6. (b) Name of husband or wife Lillie M.6. (c) If alive, give age 69 years7. Birth date of deceased (mo., day, yr.) January 3, 18728. AGE: Years 75 Months 5 Days 24 If less than one day
..... hrs. min.9. Birthplace Smith Island, Md.
(Town, county, and state)
Retired

10. Usual occupation

11. Industry or business

12. Name Benjamin Evans13. Birthplace Smith Island14. Maiden name Betty Bradshaw
Smith Island15. Birthplace Prentis W. Evans16. Informant Main St., Crisfield, Md.
Address17. Burial Date thereof June 30, 1947
(Burial, cremation, or removal. Which?) (month) (day) (year)Cemetery or crematory Sunny Ridge Cem.Location Crisfield, Md.18. Funeral director Howard H. HubbardAddress 306 Main St. Crisfield, Md.19. July 7 19 47 Jessie E. Spier
(Date reg'd by registrar) Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH June 27, 1947 19 47 at 9:27 P.M.21. I CERTIFY that death occurred on the date above stated; that I attended deceased from June 22 19 47 to June 27 19 47
and that I last saw him alive on June 27 19 47Immediate cause of death Thromboplegia
DURATION 2 daysDue to Arteriosclerosis 6 yrs

Due to _____

Other conditions _____

(Include pregnancy within 3 months of death)

Major findings of operations _____

Date of op. _____

Autopsy results _____

PHYSICIAN: Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:

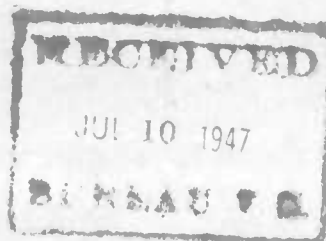
Accident, suicide, or homicide _____ Date of _____

Where did injury occur? _____ (City or town) (County) (State)

Injured at home, farm, industry, public place (where?) _____

Means of injury _____ injured at work?

23. SIGNATURE E. E. Leavitt
M. D. or otherAddress Crisfield, Md. Date signed June 28-47



MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore

CERTIFICATE OF DEATH

05317

Reg. Dist. No. 260

1. PLACE OF DEATH:

County Wicomico SomersetCity or town Eden Md
(If outside city or town limits, write RURAL and give nearest town)How long in above place of death? about 21 yearsHospital, institution, or street address where death occurred noHow long in hospital or institution? no

2. USUAL RESIDENCE (HOME) OF DECEASED:

(For newborn infants give residence of mother)

State Md County SomersetCity or town Eden Md
(If outside city or town limits, write RURAL and give nearest town)Street No. no
(If rural, give LOCATION) no2.(a) if veteran, name war no

3. (a) FULL NAME

Magie Harmon

3. (b) Social Security Number

no4. Sex female5. Color or race a a6. (b) Single, married, widowed, or divorced married6. (b) Name of husband or wife Earle Harmon7. Birth date of deceased (mo., day, yr.) yes
6. (c) If alive, give age ma years 19128. AGE: Years 35 Months no Days no If less than one day no hrs. no min. no9. Birthplace Princess Anne
(Town, county, and state)10. Usual occupation Housewife11. Industry or business Same as above12. Name Roger Southman13. Birthplace Portage Grove14. Maiden name Martha Miles15. Birthplace Richoloth Md16. Informant Mrs Martha MilesAddress Philadelphia Pa17. Burial (Burial, cremation, or removal. Which?) Burial Date thereof June 29, 47
(month) (day) (year)Cemetery or crematory Flower HillLocation Eden Md18. Funeral director James StewartAddress Dalebury Md19. (Date rec'd by registrar) 6/28 19 47 Registrar R. J. Johnson

MEDICAL CERTIFICATION

20. DATE OF DEATH June 25 19 47 at 99 M21. I CERTIFY that death occurred on the date above stated; that I attended deceased from Dec 28 19 40 to June 25 19 47and that I last saw him alive on June 21 19 47Immediate cause of death coronary
accidentDURATION
over 1
yearDue to noDue to noOther conditions no

(Include pregnancy within 3 months of death)

Major findings of operations no Date of op. noAutopsy results no

PHYSICIAN: Please underline the cause to which death should be charged statistically.

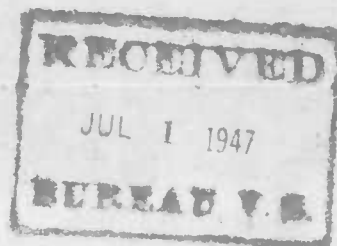
22. VIOLENCE: If death was due to external causes, fill in the following:

Accident, suicide, or homicide no Date of noWhere did injury occur? no (City or town) no (County) no (State)Injured at home, farm, industry, public place (where?) noMeans of injury no Injured at work? no23. SIGNATURE Frank Matulis MDAddress Princess Anne Date signed 6/27/47

MARGIN RESERVED FOR BINDING

VS A15 9-45-15M

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.



PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The current age is especially important. Physicians: please write the causes of death clearly and legibly.

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore

CERTIFICATE OF DEATH

05318

Reg. Dist. No. 265

1. PLACE OF DEATH:

County Somerset
 City or town Crisfield
 (If outside city or town limits, write RURAL and give nearest town)
 How long in above place of death? Lifetime
 Hospital, institution, or street address where death occurred:
619 W. Main Street
 How long in hospital or institution? ////

2. USUAL RESIDENCE (HOME) OF DECEASED:

(For newborn infants give residence of mother)
 State Maryland County Somerset
 City or town Crisfield
 (If outside city or town limits, write RURAL and give nearest town)
 Street No. 619 West Main Street
 (If rural, give LOCATION)
 2.(a) If veteran, name war //////

3. (a) FULL NAME

Henrietta Coulbourn Landon

3. (b) Social Security Number

4. Sex Female 5. Color or race White 6.(a) Single, married, widowed, or divorced Married
 6.(b) Name of husband or wife Charles Jay Landon
 6.(c) If alive, give age 62 years
 7. Birth date of deceased (mo., day, yr.) March 6, 1890
 8. AGE: Years 57 Months 3 Days 8 If less than one day
hrs.min.

9. Birthplace Marion-Somerset-Md.
 (Town, county, and state)
 10. Usual occupation Housewife
 11. Industry or business Home
 FATHER 12. Name John F. Marshall
 13. Birthplace Marion, Md.
 MOTHER 14. Maiden name Martha Cannon
 15. Birthplace Kingston, Md.
 16. Informant Mrs. Elsie Smith
 Address Crisfield, Md.
 17. Burial Burial Date thereof June 16, 1947
 (Burial, cremation, or removal. Which?) (month) (day) (year)
 Cemetery or crematory Sunny Ridge Cenetery
 Location Hopewell, Md.
 18. Funeral director H. Harvey Bradshaw
 Address Crisfield, Md.

19. June 21 19 47 Janice E. Spiro
 (Date rec'd by registrar) Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH June 14 19 47 at 253 M
 21. I CERTIFY that death occurred on the date above stated; that I attended deceased from Feb 14 19 27 to June 14 19 47
 and that I last saw her alive on June 13 19 47

Immediate cause of death Carcinoma of Cervix
uterus

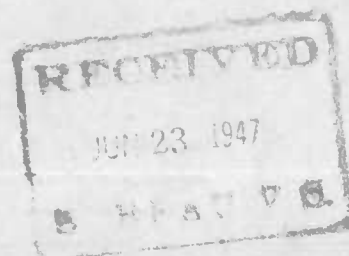
Due to
 Due to
 Other conditions

(Include pregnancy within 3 months of death)

Major findings of operations.....
 Date of op.
 Autopsy results.....
 PHYSICIAN: Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:
 Accident, suicide, or homicide..... Date of
 Where did injury occur? (City or town) (County) (State)
 Injured at home, farm, industry, public place (where?)
 Means of injury Injured at work?

23. SIGNATURE S. M. Peyton M.D. M. D. or other
 Address Crisfield Md Date signed June 17, 1947



PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. Write correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore

93d

CERTIFICATE OF DEATH

05319

Reg. Dist. No. 360

1. PLACE OF DEATH:

County SomersetCity or town Princess Anne Route 1
(If outside city or town limits, write RURAL and give nearest town)How long in above place of death?
Hospital, institution, or street address where death occurred:

How long in hospital or institution?

2. USUAL RESIDENCE (HOME) OF DECEASED:

(For newborn infants give residence of mother)

State Maryland County SomersetCity or town Princess Anne md
(If outside city or town limits, write RURAL and give nearest town)Street No.
(If rural, give LOCATION)

2.(a) If veteran, name war

3. (a) FULL NAME

Samuel Henry Leatherbury

3. (b) Social Security Number

4. Sex

male

5. Color or race

Col

6. (a) Single, married, widowed, or divorced

married

6. (b) Name of husband or wife

Ida Ellen Leatherbury

7. Birth date of deceased (mo., day, yr.)

July 17 1879

6. (c) If alive, give age years

8. AGE:

Years

Months

Days

If less than one day

671019

hrs.

min.

9. Birthplace

Somerset County, Md.
(Town, county, and state)

10. Usual occupation

farmer

11. Industry or business

Own Farm

MOTHER FATHER

12. Name

Jacob Leatherbury

13. Birthplace

Somerset Co., Md.

14. Maiden name

Comfort Annie Wright

15. Birthplace

Somerset Co., Md.

16. Informant

Address

Jola Mae FinneyRoute 1 Box 138 Westover

17.

(Burial, cremation, or removal, Which?)

Date thereof

June 8 1947
(month) (day) (year)

Cemetery or crematory

at home of deceased

Location

Int. Vernon, Md.

18. Funeral director

Address

Dale DashiellPrincess Anne, Md.

19.

(Date rec'd by registrar)

6/7
47
K. J. Johnson, Md.
3d

Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH June 5th 1947, at 4 00 M

21. I CERTIFY that death occurred on the date above stated; that I attended deceased from

Nov 15th 1946, to June 5th 1947and that I last saw him alive on June 5th 1947

Immediate cause of death

Chronic Myocarditis 6 mths.

Due to

Due to

Other conditions

Chronic Asthma 24 years
(Include pregnancy within 3 months of death)

Major findings of operations

Date of op.

Autopsy results

PHYSICIAN: Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:

Accident, suicide, or homicide

Date of

Where did injury occur?

(City or town)

(County)

(State)

Injured at home, farm, industry, public place (where?)

Means of injury

Injured at work?

SIGNATURE

George G. Morrison
M. D. or otherAddress Princess Anne md Date signed 6.7.47

RECEIVED

JUN 10 1947

BUREAU V. B.

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore

CERTIFICATE OF DEATH

05320

Reg. Dist. No. 268

1. PLACE OF DEATH:

County..... Fowlersch
 City or town..... Wenona Md
 (If outside city or town limits, write RURAL and give nearest town)
 How long in above place of death?..... Life time
 Hospital, institution, or street address where death occurred:

 How long in hospital or institution?.....

2. USUAL RESIDENCE (HOME) OF DECEASED:

(For newborn infants give residence of mother)

State..... County.....
 City or town.....
 (If outside city or town limits, write RURAL and give nearest town)
 Street No.....
 (If rural, give LOCATION)
 2.(a) If veteran, name war.....

3.(a) FULL NAME

Marie White Parkinson

3.(b) Social Security Number

4. Sex..... Female 5. Color or race..... White 6.(a) Single, married, widowed, or divorced..... Married
 8.(b) Name of husband or wife..... Samuel Parkinson 6.(c) If alive, give age..... years
 7. Birth date of deceased (mo., day, yr.)..... Not obtainable
 8. AGE: Years..... 56 Months..... — Days..... — It less than one day..... hrs. min.
 9. Birthplace..... Wenona Md
 (Town, county, and state)
 10. Usual occupation..... Household duties
 11. Industry or business.....
 12. Name..... Wm E White
 13. Birthplace..... Wenona Md
 14. Maiden name..... Anne Curtis
 15. Birthplace..... Wenona

16. Informant..... Samuel Parkinson
 Address..... Wenona Md
 17. Burial..... Buried Date thereof..... 6/30/47
 (Burial, cremation, or removal. Which?) (month) (day) (year)
 Cemetery or crematory..... St Pauls M E
 Location..... Wenona Md
 18. Funeral director..... Webb
 Address..... Webb Island
 19. 6/30/47 19..... Rosa Webster
 (Date rec'd by registrar) Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH..... June 28 19..... 47 at..... 10 P M

21. I CERTIFY that death occurred on the date above stated; that I attended deceased from..... May 25 19..... 47 to..... June 2 19..... 47
 and that I last saw he..... alive on..... June 2 19..... 47

Immediate cause of death.....

Carcinoma of uterus

Due to.....

Due to.....

Other conditions.....

(Include pregnancy within 8 months of death)

Major findings of operations.....

Date of op.....

Autopsy results.....

PHYSICIAN: Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:

Accident, suicide, or homicide..... Date of.....

Where did injury occur?..... (City or town) (County) (State)

Injured at home, farm, industry, public place (where?).....

Means of injury.....

Injured at work?

23. SIGNATURE.....

M. D. or other

Address..... Sababur Md Date signed..... 6/30/47

RECEIVED

JUL 8 1947

BUREAU OF

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore 1316

CERTIFICATE OF DEATH

05321

Reg. Dist. No. 265

1. PLACE OF DEATH:

County... Somerset
City or town... Rural, Crisfield
(If outside city or town limits, write RURAL and give nearest town)
How long in above place of death? Lifetime
Hospital, institution, or street address where death occurred:
Rural, Crisfield
How long in hospital or institution? / / / / /

2. USUAL RESIDENCE (HOME) OF DECEASED:

(For newborn infants give residence of mother)
State... Maryland County... Somerset
City or town... Rural, Crisfield
(If outside city or town limits, write RURAL and give nearest town)
Street No... Lawsonia
(If rural, give LOCATION)
2. (a) If veteran, name war... / / / / /

3. (a) FULL NAME

Irma Elaine Reese

3. (b) Social Security Number

4. Sex Female 5. Color or race White 6. (a) Single, married, widowed, or divorced Married
6. (b) Name of husband or wife Bernard Reese

6. (c) If alive, give age 34 years
7. Birth date of deceased (mo., day, yr.) August 22, 1915

8. AGE: Year 31 Months 9 Days 25 It less than one day
hrs. min.

9. Birthplace Crisfield-Somerset-Md.
(Town, county, and state)

10. Usual occupation Hairdresser - Housewife

11. Industry or business Beautician

12. Name Granville Bozman

13. Birthplace Crisfield, Md.

14. Maiden name Lucy Lawson

15. Birthplace Crisfield, Md.

16. Informant Bernard Reese

Address Crisfield, Md.

17. Burial Date thereof June 19, 1947
(Burial, cremation, or removal. Which?) (month) (day) (year)

Cemetery or crematory Sunny Ridge Cemetery

Location Hopewell, Md.

18. Funeral director H. Harvey Bradshaw

Address Crisfield, Md.

19. June 21 19 47 Janice E. Spies
(Date rec'd by registrar) Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH June 17 19 47 at 6:30 A.M.

21. I CERTIFY that death occurred on the date above stated; that I attended deceased from March 4 19 47 to June 17 19 47 and that I last saw her alive on June 17 19 47

Immediate cause of death Chronic myocarditis Acute myocardial infarction

Due to

Due to

Other conditions

(Include pregnancy within 3 months of death)

Major findings of operations

Date of op.

Autopsy results

PHYSICIAN: Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:

Accident, suicide, or homicide Date of

Where did injury occur? (City or town) (County) (State)

Injured at home, farm, industry, public place (where?)

Means of injury Injured at work?

23. SIGNATURE Sarah M. Payton M.D.
Address Crisfield, Md. Date signed June 19

MARGIN RESERVED FOR BINDING

VS A15 9-45-15M

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.



PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore

CERTIFICATE OF DEATH

05322

Reg. Dist. No. 260

1. PLACE OF DEATH: County..... <u>Somerset</u> City or town..... <u>Westover</u> (If outside city or town limits, write RURAL and give nearest town) How long in above place of death?..... <u>Lifetime</u> Hospital, institution, or street address where death occurred: <u>Rural, Westover</u> How long in hospital or institution?..... <u>////////</u>				2. USUAL RESIDENCE (HOME) OF DECEASED: (For newborn infants give residence of mother) State..... <u>Maryland</u> County..... <u>Somerset</u> City or town..... <u>Rural, Westover</u> (If outside city or town limits, write RURAL and give nearest town) Street No..... <u>Rural</u> (If rural, give LOCATION) <u>////</u> 2.(a) If veteran, name war..... <u>////</u>			
3. (a) FULL NAME <u>Margaret Augustine Ross</u>						3. (b) Social Security Number	
4. Sex <u>Female</u>		5. Color or race <u>White</u>		6. (a) Single, married, widowed, or divorced <u>Married</u>			
6. (b) Name of husband or wife <u>Nolan Ross</u>						6. (c) If alive, give age <u>61</u> years	
7. Birth date of deceased (mo., day, yr.) <u>August 28, 1884</u>							
8. AGE: Years..... <u>62</u>		Months..... <u>9</u>		Days..... <u>20</u>		If less than one day..... hrs. min.	
9. Birthplace <u>Westover-Somerset-Md.</u> (Town, county, and state)							
10. Usual occupation <u>Housewife</u>							
11. Industry or business <u>Home</u>							
FATHER	12. Name <u>Augustus Ritzel</u>						
	13. Birthplace <u>Germany</u>						
MOTHER	14. Maiden name <u>Elizabeth Betler</u>						
	15. Birthplace <u>Pottsville, Pa.</u>						
16. Informant <u>Nolan Ross</u> Address..... <u>Westover, Md.</u>							
17. Burial (Burial, cremation, or removal, Which?)..... <u>June 21, 1947</u> (month) (day) (year) Cemetery or crematory..... <u>Episcopal Cemetery</u> Location..... <u>Princess Anne, Md.</u> H. Harvey Bradshaw 18. Funeral director Address..... <u>Crisfield, Md.</u>							
19. <u>7/3</u> (Date rec'd by registrar)		19. <u>47</u> Registrar		20. SIGNATURE <u>R. F. Johnson, M.D.</u> Address..... <u>Crisfield, Maryland</u> Date signed..... <u>7/21-47</u>			

MEDICAL CERTIFICATION

2D. DATE OF DEATH..... June 21, 1947..... 5:20 P.M.

21. I CERTIFY that death occurred on the date above stated; that I attended Deceased from..... 19..... to..... 19.....

and that I last saw him..... alive on..... 19.....

Immediate cause of death..... myocarditis..... DURATION.....

Due to.....

Due to.....

Other conditions..... Arteriosclerosis.....

(Include pregnancy within 3 months of death)

Major findings of operations.....

Date of op.

Autopsy results.....

PHYSICIAN: Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:

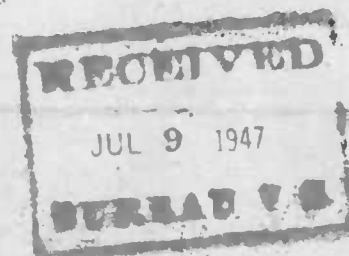
Accident, suicide, or homicide..... Date of.....

Where did injury occur?..... (City or town)..... (County)..... (State).....

Injured at home, farm, industry, public place (where?).....

Means of injury..... Injured at work?.....

23. SIGNATURE..... R. F. Johnson..... M. D. or other.....Address..... Crisfield, Maryland..... Date signed..... 7/21-47



PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore 179e

CERTIFICATE OF DEATH

Reg. Diat. No. 05323 161

1. PLACE OF DEATH:

County Somerset
 City or town Rural Pocomoke Md
 (If outside city or town limits, write RURAL and give nearest town)
 How long in above place of death? 24 years
 Hospital, institution, or street address where death occurred:

How long in hospital or institution?

2. USUAL RESIDENCE (HOME) OF DECEASED:

(For newborn infants give residence of mother)

State Maryland County Somerset
 City or town Rural, Pocomoke Md.
 (If outside city or town limits, write RURAL and give nearest town)
 Street No. _____
 (If rural, give LOCATION)

2.(a) If veteran, name war

3. (a) FULL NAME

Franklin Level Waite

3. (b) Social Security Number

4. Sex

Male

5. Color or race

white

8. (a) Single, married, widowed, or divorced

single

8. (b) Name of husband or wife

7. Birth date of

deceased (mo., day, yr.)

February 17-1868

8. AGE:

77 Years

Months

4

Days

21

It less than one day

hrs. min.

9. Birthplace

unknown
(town, county, and state)

10. Usual occupation

Farming

11. Industry or business

FATHER

12. Name

unknown

13. Birthplace

;

14. Maiden name

11

15. Birthplace

16. Informant

James C. Cottonman

Address

Rural Pocomoke Md.

17.

(Burial, cremation, or removal Which?)

Date thereof

June 10-1947
(month) (day) (year)

Cemetery or crematory

Emmanuel Cemetery

Location

Rural Pocomoke Md.

18. Funeral director

Henry H. Hutton

Address

Pocomoke Md.

19.

(Date rec'd by registrar)

June 11, 1947
Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH

June 8, 1947, 5:30 A.M.

21. I CERTIFY that death occurred on the date above stated; that I attended deceased from

19 to 19and that I last saw him alive on 19

Immediate cause of death

strychnine poisoning

DURATION

Due to

Due to

Other conditions

(Include pregnancy within 3 months of death)

Major findings of operations

Date of op.

Autopsy results

PHYSICIAN: Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:

Accident, suicide, or homicide suicide Date of 6/8/47

Where did injury occur?

(City or town)

(County)

(State)

Injured at home, farm, industry, public place (where?)

Means of injury

Injured at work?

23. SIGNATURE

Henry H. Hutton

M. D. or other

Address

Princess Anne Date signed 6/10/47

RECEIVED

JUN 13 '94

BUREAU

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. Indicate correct age in correct age column. Write in plain, legible hand. Physicians: please write the causes of death clearly and legibly.

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore 94a

CERTIFICATE OF DEATH

Reg. Dist. No. 270

1. PLACE OF DEATH:

County..... **Somerset**
 City or town..... **Rural, Marion**
 (If outside city or town limits, write RURAL and give nearest town)
 How long in above place of death?..... **Lifetime**
 Hospital, institution, or street address where death occurred:
Rural
 How long in hospital or institution?.....

2. USUAL RESIDENCE (HOME) OF DECEASED:

(For newborn infants give residence of mother)
 State..... **Maryland** County..... **Somerset**
 City or town..... **Rural, Marion**
 (If outside city or town limits, write RURAL and give nearest town)
 Street No..... **Rural**
 (If rural, give LOCATION)
 2.(a) If veteran, name war.....

3. (a) FULL NAME

William Edward Ward

3. (b) Social Security Number

4. Sex..... **Male**
 5. Color or race..... **White**
 6.(a) Single, married, widowed, or divorced..... **Widowed**
 6.(b) Name of husband or wife..... **Minnie Morris**
Deceased
 6.(c) If alive, give age..... years
 7. Birth date of deceased (mo., day, yr.)..... **July 27, 1872**

8. AGE: Years..... **74** Months..... **10** Days..... **24**
 If less than one day..... hrs. min.

9. Birthplace..... **Marion-Somerset-Md.**
 (Town, county, and state)

10. Usual occupation..... **Farmer**

11. Industry or business..... **Agriculture**

12. Name..... **John J. Ward**

13. Birthplace..... **Somerset Co., Md.**

14. Maiden name..... **Amelia Holland**

15. Birthplace..... **Unknown**

16. Informant..... **Mrs. Nancy Evans**

Address..... **1st St., Crisfield, Md.**

17. (Burial, cremation, or removal, Which?)..... **Burial** Date thereof..... **June 13, 1947**
 (month) (day) (year)

Cemetery or crematory..... **St. Pauls Cemetery**

Location..... **Rural, Marion, Md.**

16. Funeral director..... **H. Harvey Bradshaw**

Address..... **Crisfield, Md.**

19. Date rec'd by registrar..... **June 12, 1947** Registrar..... **Janice E. Spires**

MEDICAL CERTIFICATION

20. DATE OF DEATH..... **June 11, 1947** at **3:10 A.M.**

21. I CERTIFY that death occurred on the date above stated; that I attended deceased from **he died suddenly before I was called** and that I last saw **him** on **June 11, 1947**

Immediate cause of death.....

DURATION

Coronary occlusion

Due to.....

Due to.....

Other conditions..... **arterio sclerosis**

(Include pregnancy within 3 months of death)

Major findings of operations..... **Natural Cause**

Autopsy results.....

PHYSICIAN: Please underline the cause to which death should be charged statutorily.

22. VIOLENCE: If death was due to external causes, fill in the following:
 Accident, suicide, or homicide..... **William H. Coulbourn, M.D.**
 Where did injury occur?..... **DEPUTY MEDICAL EXAMINER**
 (City or town) (County) (State)
 Injured by..... **St. Pauls Cemetery**
 Means of injury..... **St. Pauls Cemetery**
 Injured at work?.....

23. SIGNATURE..... **William H. Coulbourn M.D.**

Address..... **Crisfield, Md.** Date signed..... **6/12/47**

